

Date: _____

Auburn University Medical Clinic
COVID-19 VACCINE DATA COLLECTION

Intake (initials): _____

COVID Personnel Use Only				
Schedule Vaccine # 1	Date:	Time:		
Current Last Name:				
First Name:				
Middle Name:				
Gender (Circle One):	Male	Female	Age:	
Date of Birth:		Last 4 of SSN:		
Email:				
Ethnicity (Circle One):	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>Hispanic or Latino</div> <div>Not Hispanic or Latino</div> <div>None Specified</div> </div>			
Race (Circle One):	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>White</div> <div>Black or African American</div> <div>Asian</div> <div>American Indian or Alaskan Native</div> <div>Native Hawaiian or other Pacific Islander</div> <div>Unknown</div> <div>Other</div> </div>			
Patient's Address:				
City:		State:		
County:				
Daytime Phone:				

Where does the patient work?

Facility: _____

Dept: _____

Vaccination site: _____

Completion Statement: I attest I am not experiencing any problems and I am voluntarily leaving the EAMC facility. I have **completed** my 15-minute observation time- period.

Signature for COVID-19 Vaccine: _____

VACCINATOR USE ONLY			
Vaccine:	COVID-19	Route:	IM
Brand:	Pfizer	Dosage:	0.3mL
Manufacturer	BioNTech	NDC Code:	59267-1000-02
Lot Number:	ER8731	CVX Code:	207
Date:	_/_/_	Adverse Reaction:	
Site Circle one:	<div style="display: flex; justify-content: space-around;"> Left Right </div>	Vaccinator:	
Pfizer-BioNTech COVID-19 Vaccine Fact Sheet for Recipients: Signature that form was provided to patient			